

State of New Mexico
 Voucher Batch Report
 BusinessUnit 66500 Department of Health
 Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/PCD
 AsOfDate 09/10/2013
 Voucher Vchr VchrLineDescr

000197359 9/14/12

Number	Line	Line#	Description	Fund	VendorName	Withhold	Accounting Period	PurchaseOrder Invoice Number	Total Amount
00308078	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013 09 0000093027	Adams, R. B. 28-8 435.00
Total For Voucher									435.00

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
Voucher ID: 00308078
Voucher Style: Regular

Invoice Number: Adams, R. 8.28-8.31.12
Invoice Date: 09/04/2012
Total: 435.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

***Pay Terms:** Pay Now ☒ **Schedule Payments**

Saved

Payment Information

Scheduled Payment: 1

***Remit to:** 0000097303 

Location: 001 

***Address:** 1 

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 435.00 USD

Discount: 0.00 USD **Discount Denied**

Late Charge

Scheduled Due: 09/04/2012 

Net Due: 09/04/2012


Discount Due:

Accounting Date:

Payment Method

***Bank:** WFB10

***Account:** B **Pay Group:** RE

***Method:** ACH ACH ***Netting:** N 

Message:

Message will appear on remittance advice.

[Messages](#)

Find | View All First  1 of 1  Last  

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Invoice Number: Adams, R. 8.28-8.31.12

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Voucher Style: Regular

Total: 435.00

Voucher Processing☒ Post Voucher☐ Close Voucher☒ Revalue Voucher☐ Delete Voucher

Saved

Accounting Instructions*Accounting Template: STANDARD Account At: Gross **Match Action***Status: Ready ☐ Pay Unmatched Voucher**Transaction Currency***Source: Tables  *Currency: USD Rate Type: CRRNT  Exchange Rate: 1.00000000**Voucher Approval***Approval: Specify at this Level Business Process: PROCESS_VOUCHERS Approval Rule Set: Payment Approval Rule Set 1 **Self Billing Invoice***SBI Num Option: Group Vouchers (Auto-Nur SBI Number: **Prepayment**Prepayment Reference: ☐ Automatically Apply Prepayment ☐ Postpone Withholding**Letter of Credit**Letter of Credit ID:  **Tax Group**

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
AGENCY CODE 66500

VOUCHER NUMBER

DATE 8/28/12
00308078

NAME Richard Adams

CAR LICENSE NUMBER GS 1984

SOCIAL SECURITY NUMBER

0500091303

MODEL Nissan

NORMAL WORK DAY 8am

to 5pm

YEAR 2011

POST OF DUTY
Ruidoso

RESIDENCE
Ruidoso

PROPOSED
(ADVANCE VOUCHER)

☐

ACTUAL
(RECOUPMENT VOUCHER)

☒

DATE TIME SHOW AM OR PM

DEPARTURE ARRIVAL

CHARACTER OF EXPENDITURES
ENTER DESTINATION, NATURE, OR OFFICIAL
BUSINESS, PARTY CONTACTED AND MISCELLANEOUS

ODOMETER READINGS
ENTER START
AND FINISH

NO. OF
MILES

MILEAGE

PER DIEM

MISCELLANEOUS

TOTALS

8/28/12 7:00am

Depart Ruidoso to Santa Fe to meet with staff and Cabinet Secretary

135.00

135.00

135.00

135.00

135.00

8/29/12

Santa Fe rates apply*
Overnight

135.00

135.00

135.00

135.00

135.00

8/30/12

Santa Fe rates apply*
Overnight

135.00

135.00

135.00

135.00

135.00

8/31/12

7:00pm
Depart Santa Fe to Ruidoso
Partial day per diem-12.0 hrs

30.00

30.00

30.00

30.00

30.00

PER DIEM IS BASED ON (CHECK ONE)

ACTUAL

☐

APPROVED RATES

☒

Employee Signature

Date

I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.

TOTALS

435.00

435.00

Advance Amount @ 80%

435.00

435.00

Adjusted Reimbursement

435.00

435.00

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act.

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LAST MODIFIED ON: 08/28/2012 15:42

(1) DFA COPY

(2) ACCOUNTING COPY

(3) VENDOR REMITTANCE

(4) ORIGINATOR COPY

I, Richard Adams

do solemnly swear that the above claim for reimbursement is true and true in all respects and complies with the DFA Regulations Governing the Per Diem and Mileage Act.

PAYEE SIGN HERE X

Richard Adams 8/28/12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	<input checked="" type="checkbox"/> Check if state vehicle		<input type="checkbox"/> Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima



Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:		Meeting with Cabinet Secretary in Santa Fe.			
	<input checked="" type="checkbox"/> Check if training is required			<input type="checkbox"/> Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	08/27/12	Destination:	Santa Fe		
	Departure Date: (month/day/yr)	08/28/12	Time:	07:00 AM	Return Date: (month/day/yr)	8/31/12
					Time:	07:00 PM
<input checked="" type="checkbox"/> In-State <input type="checkbox"/> Out-of-State <input type="checkbox"/> Training <input type="checkbox"/> Time Only <input type="checkbox"/> *Actuals <input type="checkbox"/> No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	@ \$85/day	\$ 0.00
546800: Registration – Vendor		Santa Fe Only:	3 @ \$135/day	\$ 405.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 435.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 435.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.

 Employee Signature	Date 8/28/12	Supervisor/Bureau Chief Signature	Date
Division Director/Hospital Administrator (As per specific division requirements)	Date	 Cabinet Secretary Signature (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)	Date 8/31/12